PEDIATRIC AIRWAY OBSTRUCTION
(1 Day to 14 Years of Age)

FIELD ASSESSMENT/TREATMENT INDICATORS

Universal sign of distress

Alteration in respiratory effort or signs of obstruction - drooling, grunting

Altered level of consciousness (for younger children this is measured by the inability to recognize caregiver, no aversion to being cared for by EMS personnel, limp and/or ineffective cry)

BLS INTERVENTION- RESPONSIVE

1. Assess for ability to cry, speak or cough (e.g. "Are you choking?")
2. Administer abdominal thrusts (up to 5 back slaps and 5 chest thrusts for infant less than one year), until the foreign body obstruction becomes is relieved or until patient becomes unresponsive
3. After obstruction is relieved, reassess and maintain ABC's.
4. Administer oxygen; if approved, obtain O_2 saturation, per Protocol Reference #4036 Pulse Oximetry.
5. If responsive, place in position of comfort, enlisting help of child's caregiver if needed. If child is uninjured but unresponsive with adequate breathing and a pulse, place in recovery position.

BLS INTERVENTION - UNRESPONSIVE

1. Position patient supine (for suspected trauma maintain in-line axial stabilization) Place under-shoulder support to achieve neutral cervical spinal position if indicated.
2. Open airway, head tilt-chin lift (for suspected trauma, use jaw thrust) remove object if visible. Assess for presence/effectiveness of respirations for no more than 10 seconds.
3. If apneic, attempt 2 ventilations with bag-valve mask. Release completely, allow for exhalation between breaths. If no chest rise, reposition airway and reattempt.
4. If apneic and able to ventilate, provide 1 breath every 3 to 5 seconds. Check pulse every 2 minutes.
5. If unable to ventilate, check for pulse then initiate CPR according to AHA 2005 guidelines and check for pulse every 2 minutes until obstruction is relieved or able to ventilate.
6. If available, place AED per Protocol Reference #6301 AED.

ALS INTERVENTIONS

1. If apneic and able to ventilate, consider intubation per Protocol Reference #4011 Oral Endotracheal Intubation – Pediatric.
2. If obstruction persists and unable to ventilate, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.
3. If obstruction persists and patient older than 2 years consider Needle Cricothyrotomy per Protocol Reference #4030 Needle Cricothyrotomy.

APPROVED:

_____
ICEMA Medical Director Date

_____ _____
Inyo & Mono Co. Health Officer Date ICEMA Executive Director Date